



**STATE OF TENNESSEE  
DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES  
OFFICE OF CONSUMER AFFAIRS  
CORDELL HULL BUILDING, THIRD FLOOR  
425 5<sup>TH</sup> AVENUE NORTH  
NASHVILLE, TENNESSEE 37243**

## **Acknowledgement of the Tennessee Certified Peer Specialist Scope of Activities**

By initialing and signing below, you understand that you are required to follow the professional standards detailed in the Certified Peer Specialist Scope of Activities. Your initials and signature are required in this section.

By affixing my initials and signature below:

I acknowledge that I have received a copy of the most current Certified Peer Specialist Scope of Activities and will be responsible for obtaining all future amendments and modifications thereto.

Initials \_\_\_\_\_

I further acknowledge that I have read and understand all of my obligations, duties and responsibilities under each principle and provision of the Certified Peer Specialist Scope of Activities and will read and understand all of my obligations, duties and responsibilities under all future amendments and modifications to the Scope of Activities.

Initials \_\_\_\_\_

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature